

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smr		1/4/99
O.I.P.E. CLASSIFIER		20	1/6
FORMALITY REVIEW	28	61730	1-31-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	5-17-20
2	10-2-20
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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